

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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51640 7590 08/15/2007

SPINE MP  
 LERNER, DAVID, et al.  
 600 SOUTH AVENUE WEST  
 WESTFIELD, NJ 07090



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/771,598	02/04/2004	James D. Ralph	SPINE 3.0-434 CIP CONT	1128

TITLE OF INVENTION: ARTIFICIAL INTERVERTEBRAL DISC HAVING A WAVE WASHER FORCE RESTORING ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$700 1440	\$300	\$0	\$1000 1740	11/15/2007

EXAMINER	ART UNIT	CLASS SUBCLASS
PRIDDY, MICHAEL B	3733	623-017130

11/13/2007 HGBREH2 00000137 121095 10771598

01 FC:1501 1440.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:1501 42.00 DA  
 1 LERNER, DAVID, LITTENBERG,  
 2 KRUMHOLZ & MENTLIK, LLP  
 3

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page:  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SpineCore, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Summit, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 14

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Arnold H. Krumholz

Date November 12, 2007

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

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## FACSIMILE TRANSMISSION

ISSUE FEE TRANSMITTAL AND  
PUBLICATION FEE

ATTORNEY DOCKET NO.: SPINE 3.0-434 CIP CONT

APPLICATION NO.: 10/771,598

CONFIRMATION NO.: 1128

MAILING DATE OF NOTICE OF ALLOWANCE: August 15, 2007

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office.on November 12, 2007  
Date

Signature

Arnold H. Krumholz; Reg. No. 25,428

Typed or printed name of person signing Certificate

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